PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 14-50

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRICTIONS: This form should be used for transmitting the ISSUE IEE and PUBLICATION IEE (if required) labels: 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance few will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance few notifications.

maintenance fee notificat	ions.		a) spectrying a new corres				
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use B	lock 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fe-(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
64128	7590 10/1	7/2008	nave				
MICHAEL A I				Certificate of Mailing or Transmission			
HAMILTON DE	SANCTIS & CHA AZA AT UNION		1 ne Stat addi	es Postal Service wi	th sufficient postage for fit Stop ISSUE FEE address	g deposited with the United rst class mail in an envelope above, or being facsimile date indicated below.	
	ULEVARD, SUIT		(Depositor's name				
LAKEWOOD, C	.0 80228					(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/663,483 09/13/2000			Abraham R. Matthews		FORT-000600	2761	
TITLE OF INVENTION:	SWITCH MANAGEN	IENT SYSTEM AND M	ETHOD				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0	\$1510	01/20/2009	
EXAMI	INER	ART UNIT	CLASS-SUBCLASS				
BRUCKART, BENJAMIN R		2446	709-223000				
 Change of corresponde CFR 1.363). 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 Hamilton, DeSanctis & Cha L				
Change of correspo	ondence address (or Cha	inge of Correspondence	or agents OR, alternatively,				
☐ Change of correspondence address for Change of Correspondence Address for PTO/SB/123 attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is 1sted, no name will be printed.				
			THE PATENT (print or typ				
PLEASE NOTE: Unle recordation as set forth	ess an assignee is iden 1 in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NC	data will appear on the portion of the portion of the data will appear on the portion of the data will be determined as the	atent. If an assigne assignment.	e is identified below, the	document has been filed for	
(A) NAME OF ASSIC	SNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
FORTINET,	INC.		SUNNYVALE, CALIFORNIA				
Please check the appropri	ate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🖾 Cor	poration or other private gr	roup entity Government	
4a. The following fee(s) a	re submitted:	4	b. Payment of Fee(s): (Plea	se first reapply an	y previously paid issue fee	shown above)	
☑ Issue Fee			A check is enclosed.				
☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
Advance Order - #	of Copies		overpayment, to Depo	authorized to charg sit Account Number	e the required fee(s), any d	eficiency, or credit any an extra copy of this form).	
5. Change in Entity Stat			D			WTD 1 07/1 1/0	
	SMALL ENTITY stat	uired) will not be accepte	ed from anyone other than t		L ENTITY status. See 37 C tered attorney or agent; or t	the assignee or other party in	
interest as snown by the b			k Office.				
Authorized Signature	/Michael A.	DeSanctis/	DateOctober 21, 2008				
**	Typed or printed name Michael A. DeSanctis			Registration No. 39,957			
This collection of informs an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ation is required by 37 0 iality is governed by 32 application form to the ons for reducing this but irginia 22313-1450. Do 13-1450.	CFR 1.311. The informati I U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to the O NOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est y depending upon the indiv the Chief Information Office COMPLETED FORMS TO	etain a benefit by th imated to take 12 m idual case. Any cor rr, U.S. Patent and 1 D THIS ADDRESS.	e public which is to file (ar sinutes to complete, includi ments on the amount of t frademark Office, U.S. Dep SEND TO: Commissioner	nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.